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HOW MUCH DOES EUROPE CARE ABOUT NEEDLESTICK INJURIES?

One of the most common and serious risks to healthcare workers is an infection resulting from a sharp or needlestick injury. In Europe, approximately 8 million healthcare workers are at risk of these injuries. Even though data on the frequency of needlestick injuries differ greatly between different hospitals, as well as between different units of the same hospital, they all show that needlestick injuries happen continuously in the daily work of healthcare workers. It has been estimated that more than one million such injuries occur in the healthcare facilities across the European Union each year. Alarming though, approximately 50% are unreported.

Underreporting is one of the major causes of the biased low priority that needlestick injuries have received so far. The extent of this phenomenon has simply been underestimated. Yet, needlestick injuries put the healthcare workers at risk of serious infection from any one of more than 30 potentially dangerous pathogens, including HIV, hepatitis B and hepatitis C.

Another reason why needlestick injuries have been a low priority so far is that in some EU countries, including the Czech Republic, no data are available on a national level. Data collection is carried out sporadically and mostly on the level of a single hospital.

For example, France, Switzerland and Germany give us a clearer indication of the scale of the problem. In France, a survey conducted by the French Group for the Prevention of Occupational Infections in Healthcare Workers found 29,132 cases of occupational exposures to blood and bodily fluids in 2010. Eight out of ten accidents were the result of percutaneous injuries, mainly needlestick. What is significant here is that 43.3% of these could have been avoided through the observance of standard precautions.

In Switzerland and Germany, the focus has centred on the costs of needlestick injuries. A Swiss occupational health physician, Esther Graf-Deuel, estimated that the average cost of a needlestick injury ranges from EUR 355 (for a non-infectious patient) to EUR 3,464 (for an HIV-infected source patient).

According to other research done by Prof. Andreas Wittmann from the University of Wuppertal, the cost of one needlestick injury is EUR 487, of which approximately EUR 150 is not covered by the obligatory accident insurance and must be carried by the employer. Based on the estimated 500,000, needlestick injuries that take place in Germany each year, Prof. Wittman concludes that these injuries cost Germany approximately EUR 47 million per year.

These, as well as numerous other independent studies conclude that, overall, short and long-term benefits, including economic savings, can be achieved by investing in safer working practices and medical devices to prevent needlestick injuries.

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Acknowledging this wealth of research and recommendations made by experts, the European Union decided to act, and in 2010 it adopted the Directive 2010/32/EU on the prevention of sharps injuries in the hospital and healthcare sector. The Directive provides for "eliminating the unnecessary use of sharps by implementing changes in practice and on the basis of the results of the risk assessment, providing medical devices incorporating safety-engineered protection mechanisms."

A report by the European Parliament explains why a mandatory obligation to implement prevention and protection measures was chosen by the European legislators. "While the existing legislation [laws such as the Labour Code, Act on Protection of Public Health, Health and Safety at Work Directives] should, theoretically, address the risk of needlestick injuries, in practical terms, this has not been the case. Guidelines, awareness campaigns and other non-legislative initiatives can only make a partial contribution; they should be used in addition to directives."

The strategy is, therefore, clear; minimise the risk of exposure to sharp objects among healthcare workers by requiring healthcare providers to take suitable prevention and protection steps. Use of safety-engineered devices, vaccination and proper information and training for staff are essential measures to ensure compliance with this strategy and the Directive 2010/32/EU.

And what is your organisation doing to prevent these occupational accidents?

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